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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-27-2002 90424 002 ****61.25

DOCUMENT # **N99000005821**

1. Entity Name
Linux Enthusiasts and Professionals, Inc.

DO NOT WRITE IN THIS SPACE

37576

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 944	**P.O. BOX 944**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State **Plymouth, FL.**	City & State **Plymouth, FL.**
Zip **32768** Country **Orange**	Zip **32768** Country **Orange**

4. FEI Number **593607820** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Steve Litt**

Street Address (P.O. Box Number is Not Acceptable)
385 Forest Park Circle

City **Longwood** **FL** Zip Code **32779**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Steve Litt 6/26/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** NAME **Steve Litt** STREET ADDRESS **385 FOREST PARK CIRCLE** CITY-ST-ZIP **LONGWOOD FL 32779**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE **VP** NAME **David Billsbrough** STREET ADDRESS **907-I BALLARD ST** CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE **T** NAME **Dillon Jones** STREET ADDRESS **1225 SHELTER ROCK ROAD** CITY-ST-ZIP **ORLANDO FL 32835**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE **D** NAME **Max F. Lang** STREET ADDRESS **117 RIVER CHASE DR** CITY-ST-ZIP **ORLANDO FL 32807**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE **S** NAME **Mark Alexander** STREET ADDRESS **8208 STEEPLECHASE BLVD** CITY-ST-ZIP **ORLANDO FL 32818**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE **D** NAME **Brian Ashe** STREET ADDRESS **3007 WOODRUFF DRIVE** CITY-ST-ZIP **ORLANDO FL 32837**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Litt 5/16/2002 407-786-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #